

073314 NOV 27 87

1- FOR
STATE
REGISTRARSTATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

87 33492

REG. NO.

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| 1. DECEASED NAME (TYPE OR PRINT) Jesse Mitchell Bradley, III | | | 2a. DATE OF DEATH MONTH DAY YEAR 11 20 87 | | 2b. HOUR 1:30pm |
| 3. SEX Male | 4. RACE White | 5. DATE OF BIRTH MONTH DAY YEAR March 16, 1922 | | 6. AGE (IN YEARS LAST BIRTHDAY) 65 YRS. | 7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | 9. BALTIMORE CITY OR COUNTY OF DEATH Queen Anne's MD. | |
| 10. CITY OR TOWN OF DEATH Centreville | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Center/Corsica Hills | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) sheet metal worker, | | 12b. KIND OF BUSINESS OR INDUSTRY Steel |

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| 13a. STATE Maryland | | | 13b. COUNTY Baltimore | 13c. CITY OR TOWN Baltimore | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET ADDRESS / ZIP CODE 31 South Curley Street, 21224 |
| 14. FATHER'S NAME FIRST MIDDLE LAST Jesse Mitchell Bradley, Jr. | | | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Sophie Shields Przybylski | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) No | | 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 214-14-1042 | | 17. INFORMANT Daughter Mrs. Barbara J. Emminger, Pasadena, Md. 21122 | | |

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| 18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>A.S.C.N.D.</u> | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 yrs |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) <u>Alzheimer's Dis</u> | | 3 yrs + |
| DUE TO, OR AS A CONSEQUENCE OF (c) <u>Respiratory Pneumonia</u> | | 10 days |

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| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: <u>a</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | |
| 22a. I certify that (I) (this hospital) attended the deceased from <u>June 8</u> , 19 <u>83</u> , to <u>Nov 20</u> , 19 <u>87</u> , that (I) (we) last saw the deceased alive on <u>11-19</u> , 19 <u>87</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE <u>J.R. Smith, Jr.</u> | | | | 22c. DATE SIGNED 11/20/87 | |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) <u>J.R. Smith, Jr.</u> | | | | 22e. ADDRESS Centreville, Md. 21617 | |

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| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | 23b. DATE Nov. 24, 1987 | 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | 23d. LOCATION CITY OR TOWN COUNTY STATE Suitland, Prince George's, Md. |
| 24. FUNERAL DIRECTOR NAME James H. Barton, Jr., Centreville, Md. 21617 | | 25a. DATE RECD. BY REGISTRAR NOV 24 1987 | 25b. REGISTRAR'S SIGNATURE <u>James H. Barton, Jr.</u> |

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